



Discretionary Grant

Discretionary Grant Application

The Galesburg Community Foundation offers Discretionary Grants, not to exceed \$500, to assist nonprofit organizations promoting healthy communities.

Organization Legal Name _____

Organization Address _____

Head Of Organization & Title _____

Contact Person Name _____ Title _____

Phone Number _____ Email _____

Is your organization a 501(c)(3) Government Organization

If neither, explain _____

EIN # _____ Date Incorporated _____

Current Annual Operating Budget _____

Website _____

Program Name _____

1. Summarize your program purpose, goals and objectives.

2. Briefly summarize your program budget and budget items you are seeking Discretionary Grant funding for.

3. Proposed program dates?



Discretionary Grant

Total Program Cost \$ _____

Grant Request \$ _____

The undersigned hereby certifies that:

- The information included with this application is correct to the best of your knowledge.
- The organization's 501(c)(3) is not revoked, canceled or modified.
- Funds will be used for the purpose outlined in the application as agreed to by both parties.

Signature _____

Date _____

Printed Name _____

FOR GCF OFFICE PURPOSES ONLY

Signature _____

Date _____

Amount Granted \$ _____